



## Financial Policy

In exchange for provided Services, the Patient agrees to enter into a contract directly with and make payments to Columbus Medical Consultants LLC dba Columbus Cannabis Consultants pursuant to the Attached Fee Schedule.

Patient also agrees, understands and expressly acknowledges the following:

- Medical cannabis is a schedule I substance and is considered illegal by the Federal Government. Patient agrees that the physician, Columbus Cannabis Consultants, nor the patient will attempt to submit a claim to insurance or Medicare with respect to services provided for the procurement of medical cannabis, a schedule I substance.
- Patient is **not** currently in an emergency or urgent health care situation.
- Patient acknowledges that neither Medicare's fee limitations nor any other Medicare reimbursement regulations apply to charges for services related to the recommendation of medical cannabis for a qualifying condition.
- Patient acknowledges that Medi-Gap plans will not provide payment or reimbursement for the services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- Patient acknowledges that he/she has a right, as an insurance or Medicare beneficiary, to obtain insurance or Medicare-covered items and services from other physicians and practitioners who have been credentialed by insurance and Medicare, and that the patient is not compelled to enter into private contracts that apply to other insurance or Medicare-covered services furnished by other physicians or practitioners who have not opted out or have failed to credential with Medicare. Patient also acknowledges that the practice will not request or store their insurance information for the purposes of transmittal for ancillary services provided by other entities or for the purpose of referral.
- Patient agrees to make a payment in full at the time of the appointment for the services related to the application for and maintenance of the Ohio State Board of Pharmacy Medical Cannabis card, and acknowledges that the physician or Columbus Cannabis Consultants will not submit an insurance or Medicare claim for these Services and that no insurance or Medicare reimbursement will be provided to the physician or patient. Patient agrees that the Ohio State Board of Pharmacy does not bill insurance for the medical cannabis card.

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614-442-0700  
855-453-5002



- Patient understands that insurance and Medicare payment will not be made for any items or services furnished by the physician or Columbus Medical Consultants, LLC dba Columbus Cannabis Consultants that could have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.
- Patient acknowledges that a copy of this contract has been made available to him/her.
- Patient agrees to reimburse physician for any costs and reasonable attorneys' fees that result from violation of this agreement by patient or his/her beneficiaries.

## Fee Schedule

Initial Evaluation/Annual Recertification for Recommendation of Medical Cannabis \$200

Mandatory 90 day followup of Medical Necessity \$100

No Show Fee / Cancellation without 24-hour notice \$50

Caregiver Registration \$25

Patient understands that he/she is directly contracting with Columbus Medical Consultants dba Columbus Cannabis Consultants, LLC and that charges and fees are not subject to any commercial or government sponsored insurance contracts.

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Patient Printed Name

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Patient Signature

Date

*S Blayge MD*

*[Handwritten Signature]*

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